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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

PRISA, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0503, 607.1508, or 617.1509, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRISA, INC.
2. The principal office address: 4770 BISCAYNE BLVD
SUITE 700, MIAMI FL 33137
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/19/2000 Document number: P0000005392

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ARROYO, MARIELA

4770 BISCAYNE BLVD

SUITE 700, MIAMI FL 33137

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been written in writing of the change.

Juan P. Alvarez
(Signature of an officer or director)

JUAN P. ALVAREZ, Officer
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

By: Madonna Cuddihy
(Signature of Registered Agent)

3-13-08
(Date)

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (8/03)

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